

UTAH DEPARTMENT OF HEALTH, (801) 538-6152  
BUREAU OF LICENSING - HEALTH FACILITY UNIT  
288 North 1460 West, PO Box 142003  
Salt Lake City, Utah 84114-2003

## NOTICE OF INTENT

### TO ESTABLISH A NEW HEALTH FACILITY OR AGENCY

This is not an application for licensing. The Department will use this information to assist you in the development of your project and to expedite the application process.

#### A. PROJECT NAME (NOT REQUIRED IF NOT KNOWN):

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<i>Proposed Name</i>	<i>Telephone #</i>
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*Address*

#### B. CONTACT (OWNER):

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<i>Name</i>	<i>Telephone #</i>
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*Mailing Address*

#### C. MANAGEMENT GROUP (IF APPLICABLE):

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<i>Telephone #</i>	<i>Name</i>
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*Mailing Address*

#### D. CHECK THE FACILITY OR SERVICE YOU INTEND TO PROVIDE:

	<b>Beds</b>		<b>Beds</b>
<input type="checkbox"/> Birthing Center	_____	<input type="checkbox"/> Small Health Care Facility - Type 'N'	_____
<input type="checkbox"/> Ambulatory Surgical Center	_____	<input type="checkbox"/> Abortion Clinic	_____
<input type="checkbox"/> End Stage Renal Dialysis	_____	<input type="checkbox"/> Hospital	_____
<input type="checkbox"/> Small Health Care Facility	_____	<input type="checkbox"/> Home Health Agency	
<input type="checkbox"/> Nursing Care Facility	_____	<input type="checkbox"/> Home Health Agency - Personal Care	
<input type="checkbox"/> Assisted Living - Type I	_____	<input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	
<input type="checkbox"/> Assisted Living - Type II	_____		
<input type="checkbox"/> Mammography			
<input type="checkbox"/> Satellite - Describe Services _____			
<input type="checkbox"/> Other _____			

#### E. WHAT DO YOU PLAN TO DO? (Check all that apply /)

<input type="checkbox"/> Construct a new building	<input type="checkbox"/> Modify a building
<input type="checkbox"/> Other _____	

#### F. IF APPLICABLE, LIST PROJECT ARCHITECT

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<i>Name</i>	<i>Telephone #</i>
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*Mailing Address*

#### G. WHAT IS THE ANTICIPATED OPENING DATE?